



CHILD ABUSE SCREENING REQUEST INFORMATION

This form is to request a screening to check for Child Protective Services history.

AGENCY REQUESTING SCREENING INFORMATION

NAME & JOB TITLE Mychelle Brown, Office Manager	TEL # 603-271-9025	EMAIL CCLUnit@dhhs.nh.gov
NAME OF AGENCY NH Child Care Licensing	STREET ADDRESS 129 Pleasant Street	CITY/STATE/ZIP CODE Concord, NH 03301

SCREENING RESULTS TO BE SENT TO

NAME Mychelle Brown	TEL # 603-271-9025	EMAIL CCLUnit@dhhs.nh.gov
NAME OF AGENCY NH Child Care Licensing Unit	STREET ADDRESS 129 Pleasant Street	CITY/STATE/ZIP CODE Concord, NH 03301

INFORMATION ON PERSON TO BE SCREENED (APPLICANT) ADDRESSES MUST GO BACK FIVE YEARS NO GAPS

FIRST NAME	MIDDLE NAME	LAST NAME
MAIDEN NAME *If you have been married, you have to provide this information.	OTHER NAMES USED IN THE PAST	
CURRENT STREET ADDRESS	CITY/STATE/ZIP CODE	MONTH/CURRENT
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
PREVIOUS ADDRESS	CITY/STATE/ZIP CODE	MONTH/YEAR
DATE OF BIRTH	SSN#	SEX

CURRENT HOUSEHOLD MEMBERS ONLY (To be completed by Foster Care/Adoptions applicants ONLY.)

NAME/ALIAS (First, Middle, Last)	RELATIONSHIP	DATE OF BIRTH	SSN #	GENDER	PREVIOUS STATE(S)	DATE
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		
				<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE		

IN ORDER TO VERIFY THAT YOU ARE THE REQUESTING AGENCY, PLEASE SUBMIT A WRITTEN REQUEST ON AGENCY LETTERHEAD ALONG WITH THIS FORM TO THE GEORGIA CHILD PROTECTIVE SERVICES EMAIL

SIGNATURE OF APPLICANT	DATE
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